| OLB | | | Complete If Known | | | | | |
|--|--------|---------------------------|---|---|---|--|-------------|--|
| FRE TRANSMITTAL | | | Application No. | | | 08/944,2 | 08/944,234 | |
| () | | | Filing Date | | October | October 6, 1997 | | |
| MAIL STOP AF | | | First Named Inventor | | Bryan Vi | Bryan Vincent et al. | | |
| MAIL STOP AF | | | Examiner Name | | | Lien M. I | Lien M. Ngo | |
| | | | Group Art Unit | | | 3727 | 3727 | |
| Total Amount Of Payment (\$) 1190.00 | | | Attorney Docket No. 64118.000044 | | | 00044 | | |
| METHOD OF PAYMENT (check one) | | | FEE CALCULATION (continued) | | | | | |
| The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to Deposit Account No. 50-0206 in the name of Hunton & Williams LLP. | | | 3. ADDITIONAL FEES Fee Description ☐ Surcharge - late filing fee or oath ☐ Surcharge - late provisional filing fee or cover sheet ☐ Two Month Extension of Time ☐ Notice of Appeal ☐ Filing Brief in Support of Appeal | | | Fee Paid \$ \$ \$ 420.00 \$ | | |
| 2. Check Enclosed. The Commissioner for Patents is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to Deposit Account No. 50-0206 in the name of Hunton & Williams LLP, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109. | | | □ Request for Oral Hearing □ Utility Issue Fee (or Reissue) (including Publication Fee, if necessary) □ Design Issue Fee □ Plant Issue Fee □ Petition to Commissioner □ Petition to Revive (Unavoidable) □ Petition to Revive (Unintentional) | | | \$ 9 \$ \$ \$ \$ | | |
| FEE CALCULATION | | | | Petitions Related to Provisional \$ | | | \$ | |
| BASIC FILING | | | | Applications Submission of Information Disclosure \$ Statement | | | | |
| | | FEE PAID | Ø. | Filing | Submission After | Final Rejection | \$ | |
| Utility Filing Fee \$ Design Filing Fee \$ Plant Filing Fee \$ | | | | Recording Each Patent Assignment Per \$ Property | | | | |
| Plant Filing Fee \$ Reissue Filing Fee \$ | | | Filing Request for Reexamination \$ | | | | | |
| Provisional Filing Fee \$ | | | Other (specify) \$ | | | | | |
| 2. Extra Claims Fees | | | | | | | | |
| CLAIMS AS AMENDED | | | | | | | | |
| For Number P | resent | Highest Numbe Paid For | er Ext | ra | Rat Large Entity | Small Entity | Amount | |
| TOTAL CLAIMS 117 | | 125 | | | x \$ 18.00 | x \$ 9.00 | \$ 0.00 | |
| INDEPENDENT CLAIMS 13 15 | | | | x \$ 86.00 | x \$ 43.00 | \$ 0.00 | | |
| MULTIPLE DEPENDENT CLAIMS | | | | | \$ 290.00 | \$ 145.00 | \$ 0.00 | |
| TOTAL EXTRA CLAIMS FEES | | | | | T | \$ | | |
| SUBMITTED BY Typed or Printed Name Robert M. Schulman | | | | | Complete (if applicable) Registration No. 31,196 | | | |
| Signature Date | | | | | | | No. 31,196 | |
| | | | | | | | | |